

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/830379

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	1 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
TYPE		RATE	FEES
BASIC FEE		OR	BASIC FEE <input type="checkbox"/>
X\$ 9 =		OR	X\$18 = <input type="checkbox"/>
X40 =		OR	X80 = <input type="checkbox"/>
+135 =		OR	+270 = <input type="checkbox"/>
TOTAL		OR	TOTAL <input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	11	Minus	.. 20 =
Independent	<input type="checkbox"/>	Minus	... 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY		OTHER THAN OR SMALL ENTITY	
TYPE		RATE	ADDITIONAL FEE
BASIC FEE		OR	X\$18 = <input type="checkbox"/>
X\$ 9 =		OR	X80 = <input type="checkbox"/>
X40 =		OR	+270 = <input type="checkbox"/>
+135 =		OR	TOTAL ADDIT. FEE <input type="checkbox"/>

(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	Minus	.. 20 = <input type="checkbox"/>
Independent	3	Minus	... 3 = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT B		OTHER THAN OR SMALL ENTITY	
TYPE		RATE	ADDITIONAL FEE
BASIC FEE		OR	X\$18 = <input type="checkbox"/>
X\$ 9 =		OR	X80 = <input type="checkbox"/>
X40 =		OR	+270 = <input type="checkbox"/>
+135 =		OR	TOTAL ADDIT. FEE <input type="checkbox"/>

BEST AVAILABLE COPY

(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	Minus	.. 20 = <input type="checkbox"/>
Independent	3	Minus	... 3 = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT C		OTHER THAN OR SMALL ENTITY	
TYPE		RATE	ADDITIONAL FEE
BASIC FEE		OR	X\$18 = <input type="checkbox"/>
X\$ 9 =		OR	X80 = <input type="checkbox"/>
X40 =		OR	+270 = <input type="checkbox"/>
+135 =		OR	TOTAL ADDIT. FEE <input type="checkbox"/>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.